

## MANCHESTER JOINT STRATEGIC NEEDS ASSESSMENT 2015/16

### CHILDREN AND YOUNG PEOPLE (STARTING WELL AND DEVELOPING WELL)

**CHAPTER: Adolescence**

**TOPIC: Young People's Sexual Health**

#### **Why is this important?**

Improving the sexual and reproductive health of the local population is one of the public health priorities for Manchester.

Sexual ill-health can have a detrimental effect on our relationships and on our emotional and physical wellbeing. Good sexual and reproductive health is dependant on a positive and respectful attitude to sex, relationships and sexuality; pleasurable and safe sexual experiences free from coercion; as well as the absence of infection and dysfunction and the avoidance of unintended conceptions.

Manchester has the highest prevalence of diagnosed HIV outside of London and the South East. 5.83 residents per 1,000 population aged 15-59 received treatment and care for HIV in 2014 (*Source: Public Health England. HIV data tables. See references*). There has been a gradual rise in the number of diagnoses of common sexually transmitted infections to residents of Manchester over the last decade. 1410.9 people per 100,000 population were diagnosed with an infection during 2014. Rates of common infections including chlamydia and genital herpes are highest among young people aged 15-24. (*Source: Public Health England. STI data tables. See references*).

Sexually transmitted infections can be passed from an infected person to their partner during sexual intercourse. Sexually transmitted infections can lead to long-term health problems if not detected and treated. Infections such as HIV can be managed but not cured.

The correct and consistent use of contraception is important for the purpose of avoiding an unintended conception. Uptake of contraception among residents of Manchester is good and a gradual increase over the last decade in the proportion of women opting for a long-acting, reliable method such as the contraceptive implant has been observed. (*Source: NHS Health and Social Care Information Centre. See references*)

2,895 abortions were performed for women living in Manchester in 2014, up from 2,878 in 2013 (+0.6%). However, a downward trend in the number of abortions performed for residents of Manchester has been observed since the middle of the last decade. The crude rate of abortions for Manchester has fallen from 24 per 1,000 in 2008 to 21 per 1,000 in 2014. This compares to a rate of 16.5 per 1,000 for England. (*Source: Department of Health. See references*)

Young people are at greater risk of sexual ill-health than older adults. Young people are less experienced at negotiating safer sex and less practiced at using condoms and reliable methods of contraception. It is also the case that young people tend to have a higher turnover of sexual partners and, therefore, are at heightened risk of exposure to sexually transmitted infections.

## The Manchester Picture

### Data for Manchester

#### Sexually transmitted infections

Manchester residents accounted for 1,087 new cases of genital warts, 714 cases of gonorrhoea, 448 new cases of genital herpes and 90 cases of infectious syphilis diagnosed at Genito-Urinary Medicine (GUM) clinics in 2014. Manchester residents also accounted for 3,257 cases of chlamydia diagnosed at GUM clinics and as a result of opportunistic screening in other settings in 2014. 3,257 cases of chlamydia were diagnosed to residents as a result of testing in GUM clinics and opportunistic screening in other settings. *(Source: Public Health England. STI data tables. See references).*

Young people aged 24 and under accounted for almost two thirds (64% / 2,117) of cases of chlamydia, around half of new cases of genital warts (52% / 573 of 1,078) and genital herpes (49% / 220 of 448) and around one third of cases of gonorrhoea (35% / 255 of 714) diagnosed to residents of Manchester in 2014.

#### Chlamydia

Chlamydia is a bacterial infection that can be passed from an infected person to their partners through sex. It is often asymptomatic and can lead to long-term health problems if undetected and untreated.

GUM clinics diagnosed 1,483 cases of chlamydia to residents of Manchester in 2014 and an additional 1,774 cases were detected as a result of opportunistic screening in community settings. Young people aged 15-24 accounted for almost two thirds (64% / 2,117) of diagnoses.

The National Chlamydia Screening Programme was established in England in 2003 to introduce opportunistic screening for asymptomatic young people in order to prevent and control the transmission of chlamydia through prompt detection and treatment. A sharp increase in the number of diagnoses has been observed over the last decade due, in the most part, to the increase in screening. Ruclear coordinates opportunistic screening for young people living in Greater Manchester.

52,801 screens for chlamydia were processed for residents of Manchester in 2014. Young women and men aged 15-24 accounted for almost half of all screens (47% / 24,558). 2,117 cases were detected among young people as a result of testing in GUM clinics (751) and screening in other settings (1,366).

Public Health England (PHE) recommends that local areas should achieve a detection rate of at least 2,300 per 100,000 young people aged 15-24 in order to achieve a reduction in prevalence. *(Source: Public Health Outcomes Framework)*

The detection rate for Manchester for 2014 was 2,066 per 100,000. This is lower than the rate for Greater Manchester (2,453) but higher than the overall rate for England (2,012). Manchester has an excellent screening offer but additional targeted approaches are required to reach and screen young people most at-risk of sexual ill-health.

## **Gonorrhoea**

Gonorrhoea is a bacterial infection that can be passed from an infected person to their partners through sex. It can lead to long-term health problems if undetected and untreated. It is becoming more difficult to treat as a result of emergence of anti-biotic resistant strains.

714 cases were diagnosed to residents of Manchester in 2014, up from 647 in 2013. The rate of diagnoses increased from 125.8 per 100,000 population in 2013 to 139.0 in 2014, an increase of 10.5%. This compares to a rate of 63.3 per 100,000 for England in 2014. Manchester was ranked 20<sup>th</sup> in England in 2014.

Young people aged 20-24 accounted for 29% (207) of diagnoses attributed to residents of Manchester in 2014. Teenagers (19 and under) accounted for 7% (48) of cases.

Men who have sex with men accounted for 70% (494), heterosexual men for 16% (113) and women for 14% (107) of diagnoses attributed to residents of Manchester in 2014.

## **Genital Warts**

Genital warts can result from infection with the Human Papilloma Virus (HPV). It is a long-term condition and infected individuals often experience recurrent outbreaks. Warts do not pose a serious risk to health but can be unpleasant to look at and cause psychological distress.

1,087 new cases were diagnosed to residents of Manchester in 2014, up from 1,078 in 2013. The rate of diagnoses increased from 209.6 per 100,000 population in 2013 to 211.3 in 2014, an increase of 0.8%. This compares to a rate of 128.4 per 100,000 for England in 2014. Manchester was ranked 12<sup>th</sup> in England in 2014.

Young people aged 20-24 accounted for 38% (413) of diagnoses attributed to residents of Manchester in 2014. Teenagers (19 and under) accounted for 15% (160) of cases.

Heterosexual men accounted for 48% (522), women for 44% (476), and men who have sex with men for 8% (89) of diagnoses to residents of Manchester in 2014.

## **Genital Herpes**

Genital herpes can result from infection with the Herpes Simplex Virus (HSV). It is a long-term condition and infected individuals often experience recurrent outbreaks. It causes painful blisters on and around the genitals.

448 new cases were diagnosed to residents of Manchester in 2014, up from 425 in 2013. The rate of diagnoses increased from 82.6 per 100,000 population in 2013 to 87.1 in 2014, an increase of 5.4%. This compares to a rate of 57.8 per 100,000 for England in 2014. Manchester was ranked 25<sup>th</sup> in England in 2014.

Young people aged 20-24 accounted for 36% (161) of cases attributed to residents of Manchester in 2014. Teenagers (19 and under) accounted for 13% (59) of cases.

Women accounted for 60% (267), heterosexual men for 31% (141) and men who have sex with men for 8% (36) of diagnoses to residents of Manchester in 2014.

## **Infectious Syphilis**

Syphilis is a bacterial infection that can be passed from an infected person to their partner through sex. It can lead to serious health problems and, in rare cases, death if it is not detected and treated. Syphilis is not common but several outbreaks have been observed in Manchester over the last couple of decades.

90 cases were diagnosed to residents of Manchester in 2014, up from 82 in 2013. The rate of diagnoses increased from 15.9 per 100,000 population in 2013 to 17.5 in 2014, an increase of 10.1%. This compares to a rate of 7.8 per 100,000 for England in 2014. Manchester was ranked 19<sup>th</sup> in England in 2014.

Most cases were diagnosed to men who have sex with men in their 20s and 30s.

## **Uptake of contraception**

50,800 residents attended community sexual and reproductive health services between April 2013 and March 2014. *(Source: Health and Social Care Information Centre. Data extracted from the SHRAD dataset)*

Palatine contraception and sexual health service reported 53,500 clinic attendances during 2013-14. 46% of attendances were to young people aged 24 and under.

Brook Manchester reported 9,700 clinic attendances between April 2013 and March 2014. Young people aged 17-19 accounted for two thirds (66%) of attendances and young people aged 16 and under accounted for one third (33%).

14,177 prescriptions for long-acting methods of contraception were issued at sexual and reproductive health clinics for women residing in Manchester in 2013. These clinics issued 4,485 prescriptions for the contraceptive implant; 2,299 for the intrauterine device (IUD); 1,345 for the intrauterine system (IUS) and 5,988 for the contraceptive injection. GPs based in Manchester issues 1,174 prescriptions for the contraceptive implant, 445 for the IUD, 519 for the IUS, and 7,953 for the contraceptive injection.

GPs based in Manchester issued 58,026 prescriptions for contraceptive pills in 2013 and 18,063 prescriptions were issued at sexual and reproductive health clinics. Further increasing the proportion of residents opting for a long-acting method could lead to a reduction in the number of unintended conceptions and under-18 conceptions recorded for residents of Manchester. *(Source: Health and Social Care Information Centre)*

## **Abortions**

2,895 abortions were performed for women living in Manchester in 2014, up from 2,878 in 2013 (+0.6%). However, a downward trend in the number of abortions performed for residents of Manchester has been observed since the middle of the last decade. The crude rate of abortions for Manchester has fallen from 24 per 1,000 in 2008 to 21 per 1,000 in 2014. This compares to a rate of 16.5 per 1,000 for England. *(Source: Department of Health. Annual abortion statistics. See references)*

Of the 2,895 abortions performed for women living in Manchester in 2014, 4.3% (125) of procedures were performed for women aged under-18, 7.5% (216) for women aged 18 and 19, 32% (921) for women aged 20-24, 26.7% (771) for women aged 25-29, 16.5% (475) for women aged 30-34 and 12.8% (370) for women aged 35 and over.

## **Discussion**

The upward trend in diagnoses of common sexually transmitted infections is a result, in part, to an increase in the number of people attending services for screening. The introduction of the National Chlamydia Screening Programme (NCSP) is responsible for the rise in the number of cases of chlamydia diagnosed to young people that has been observed over the last decade.

The introduction of more sensitive tests and the expanded use of extra-genital testing have also meant that additional infections are being detected.

However, it also indicates that unsafe sexual behaviour remains an issue. Promoting the use of condoms and reliable methods of contraception remains important to reduce the number of unintended conceptions and to control and prevent the transmission of sexually transmitted infections.

Prevention activities need to continue to focus on groups most at-risk of sexual ill-health including young people and men who have sex with men.

There are a number of factors that contribute to increased risk among young people. Rates of partner change are often higher among young people compared to older adults, as are concurrent relationships. Young people can lack knowledge and understanding of sex and relationships and the skills, confidence and experience to negotiate safer sex.

## **What would we like to achieve?**

We want to improve the sexual and reproductive health of the local population.

We want to achieve the following:

- Reduce the number of unintended conceptions among women of all ages
- Reduce the number of under-18 conceptions
- Reduce the number of abortions among women of all ages
- Increase the proportion of abortions performed under 10 weeks
- Reduce the prevalence of undiagnosed sexually transmitted infections including HIV
- Control the transmission of sexually transmitted infections including HIV
- Reduce the proportion of residents receiving an HIV diagnoses at a late stage of infection.

## What do we need to do to achieve this?

In order to improve the sexual and reproductive health of the local population, we need to:

- Further improve knowledge and understanding of the risks associated with unprotected sex.
- Further improve awareness of sexually transmitted infections including HIV and the importance of regular screening.
- Further improve awareness of contraception and the importance of using reliable methods of contraception such as the contraceptive implant.
- Improve the uptake of sexual health screening.
- Improve the uptake of opportunistic screening for chlamydia among asymptomatic young people
- Improve the uptake of reliable methods of contraception among women of all ages.
- Maintain access to emergency contraception.

We need to ensure that residents can access sexual and reproductive health services and can obtain all methods of contraception and the full range of STI tests and treatment. We have to work in partnership with other commissioners and with our providers in order to achieve this ambition. We need to ensure that services are delivered in a manner that is appropriate and responsive to the needs of our residents including young people.

The provision of sexual and reproductive health services is important. However, in order to improve knowledge and understanding of sex and relationships among young people and to improve confidence and skills to negotiate and practice safer sex, we need to continue to work with a range of partners including schools and colleges. The evidence indicates that the provision of Sex and Relationships Education (SRE) in schools has an important role in supporting young people.

We also need to improve knowledge and understanding of sexual and reproductive health among adults. Public Health England (*Source: PHE LASER reports*) recommends that local authorities should promote the following messages to sexually active women and men:

- Use a condom when having sex with new or casual partners and continue to use condoms until both partners have been screened for sexually transmitted infections
- Establish a regular, reliable method of contraception prior to engaging in a sexual relationship.
- Reduce their number of sexual partners and avoid overlapping relationships

Our clinical services have a role in helping to educate our residents. However, we have also identified a need to increase the amount of information that is available to our residents through digital channels in order to support our ambitions to achieve behaviour change.

Public Health England (*Source: PHE LASER reports*) also recommends that local authorities need to commission and deliver provision for women and men at highest risk of sexual ill-health. For Manchester, this means a focus on young women and men, men who have sex with men, and women and men from black African communities. Specific recommendations are as follows:

- Sexually active young women and men should be screened for chlamydia on an annual

basis and on change of sexual partner.

- Men who have sex with men having unprotected sex with casual or new partners should have a HIV/STI screen on an annual basis and three monthly if changing their sexual partner on a regular basis
- Black African and Caribbean women and men should have an annual HIV test, and a regular sexual health screen if having sex with new or casual partners

Therefore, we need to commission universal sexual and reproductive health services and maintain a focus on targeted prevention activities and services for residents at highest risk of sexual ill-health in order to improve sexual health outcomes for our residents.

### **What are we currently doing?**

The Health and Social Care Act 2012 divided responsibilities for the commissioning and funding of sexual and reproductive health services between local authorities, NHS England and Clinical Commissioning Groups.

Manchester City Council is now responsible for commissioning HIV testing, STI testing and treatment (excluding treatment for HIV) and the provision of contraception in most but not all settings on an open-access basis for the benefit of all persons (residents and non-residents) present in Manchester.

NHS England is responsible for commissioning and funding HIV treatment services as well as contracting with general practices to offer routine methods of contraception such as the contraceptive pill.

Clinical Commissioning Groups are responsible for funding abortion services as well as vasectomies and sterilisation procedures.

Manchester City Council held a public consultation on budget options, including options for sexual and reproductive health services, at the end of 2014. The options that were approved include:

- To commission an integrated sexual and reproductive health service for people of all ages
- To commission a contraception service for young people
- To commission clinical and non-clinical outreach services
- To commission the provision of intermediate methods of contraception from general practices – e.g contraceptive implants
- To commission the provision of emergency hormonal contraception from pharmacies.
- To commission an opportunistic chlamydia screening programme for young people
- To commission HIV/STI prevention and support services

It is anticipated that a revised offer for residents will be launched in the summer of 2016.

Manchester City Council is a member of the Greater Manchester Sexual Health Network

(GMSHN). The Network has formal mechanisms to support partnership working and collaboration between commissioners, clinicians and providers.

## **Community and Stakeholder Views**

Residents were consulted on options for sexual and reproductive health services as part of the budget consultation that was held between November 2014 and January 2015.

Most respondents agreed with the option to establish an integrated sexual and reproductive health service for Manchester. The integrated service, due to be launched in summer 2016, will offer the full range of contraception and sexual health services for residents of all ages. Most respondents agreed that dedicated conception clinics for young people should be provided. Respondents also agreed that investment should be maintained in HIV/STI prevention and support services.

The public consultation was open to all residents. Several events were held for children and young people to communicate the options and to gather their views.

## **References and Links**

### **National guidance**

A Framework for Sexual Health Improvement in England, Department of Health, March 2013  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

Making it Work: A Guide to Whole-System Commissioning for Sexual and Reproductive Health and HIV, Public Health England, September 2014  
<https://www.gov.uk/government/publications/commissioning-sexual-health-reproductive-health-and-hiv-services>

Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities, Department of Health, March 2013  
<https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities>

### **Data sources**

#### **HIV**

<https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

#### **Sexually transmitted infections**

<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

#### **Reproductive health**



<http://www.hscic.gov.uk/catalogue/PUB15746>

**Abortion**

<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>

**Other JSNA Topics that this links to:**

Teenage pregnancy prevention and support

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